MEDICAL DEPARTMENT   TELEPHONE: (516) 345- 3577

April 25, 1974

Dr. James L. Liverman
Director
Division of Biomedical & Environmental Reseach
U.S. Atomic Energy Commission
Washington, D.C. 20240

Dear Dr. Liverman: **BEST COPY AVAILABLE**

Enclosed are copies of letters from Mr.Stanley S. Carpenter to me
with letters from Senator Borja of the Congress of Micronesia concern-
ing amendments to the AEC draft agreement concerning the health benefit
bill.

I would like to say first that I am not convinced that this bill
is the best way of handling the examination compensation problem con-
cerned with our surveys and most of the doctors in our medical team
agree. We feel that there will be considerable unrest and dissatis-
faction on the part of the people not entitled to the benefits and that
the actual payment procedures may defeat the purpose of the bill. It
would probably be better to pay the unexposed people on our examination
list directly for their examinations at the time of the examination and
only include the exposed people in the group to receive hospitalization
benefits. Medical care of the unexposed group can then be on the same
basis as with other Marshallese through the Trust Territory System.
Things have probably gone too far for this suggestion to be acted on.

With regard to the proposed amendments I will like to address my-
self to the problem of inclusion of benefits to descendents of exposed
people as suggested by Senator Borja's committee. I will not comment
on other amendments except to say that in #9 I cannot see how accidents
can be related to residual radiation and I cannot understand the ration-
al of #12.

I am not in favor of inclusion of the exposed people in the group
receiving benefits for the following reasons:

1. Examination of first generation children of radiation exposed
Japanese people have been generally negative and examination of children
of Rongelap exposed people has not revealed any recognizable genetically
inherited abnormality.

2. My understanding is that the bill was originally designed to
compensate the people on our regular examination list with health care
travel reimbursements in turn for their assistance to us in being studied.
This would not include the children.

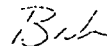Dr. James L. Liverman   April 25, 1974

3.   The number of children of Rongelap exposed people is already up to
150 or more. We do not have a listing of children of Utirik exposed
people but based on the relative population size as compared with Rongelap
this may be as many as 300 or more. This would give us a total of 450
children of exposed at present - not a "very small number" as Senator Borja
states. Furthermore, this number is increasing steadily.

4.   If this number of children were added to the regular examination list
it would increase the time and scope of the survey particularly if unexposed
"control" children were added to the list as some might argue it should be
done in this case. Also, it should be remembered that the time of the
specialist-physicians on our survey is necessarily limited.

5.   One might argue that future generations are also susceptible to genetic
affects and should be included. This would result in thousands of additional
children in a few years.

6.   I foresee trouble even with the establishment of our "hard core" control
population of 150 Rongelap people. Already people are wanting to be added
to that list to receive the benefits. If the children of exposed are added
there will probably be further discontent since the parents of unexposed
children would want the same benefits for their children.

     I believe that we should state that if any children of exposed parents
show any genetically inherited radiation-induced abnormality they will be
duly compensated.

     Perhaps in order to be completely unbiased in this decision we should
get the opinions of several well-known human geneticists. If I can be of
any further help please let me know.

                                        Sincerely,

                                        Bob

                                        Robert A. Conard, M.D.

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Enclosures